



ADCTA



Arkansas Dressage and Combined Training Association

Membership Application
\$25.00 Individual Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Additional Family Members (\$5.00 each)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please print plainly and return form with check to:
ADCTA - Kim Vickrey -110 North Hunter Lane - Jonesboro, AR 72401